



Maine Department of Agriculture
Division of Quality Assurance and Regulations
28 State House Station
Augusta, Maine 04333-0028
Phone: 207-287-3841 Fax: 207-287-5576



WOOD SCALER /APPRENTICE WOOD SCALER LICENSE APPLICATION

Check the TYPE of Request:	<input type="checkbox"/> New License	<input type="checkbox"/> License Renewal
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Section 1: Applicant Information

Name:					
Street Address:					
City:		State:		Zip:	
Telephone:			Fax:		
Cell/ Pager:			Email:		

Section 2: Employer Information

Employer Name:					
Site Manager:					
Mailing Address:				City:	
State:		Zip:		Phone:	
Fax:				Email:	

Section 3: License Information

Check **ALL** License Types that Apply:

<input type="checkbox"/>	Butt measure	<input type="checkbox"/>	Thrown cord scale
<input type="checkbox"/>	Butt scale	<input type="checkbox"/>	Chip volume scale
<input type="checkbox"/>	Log scale	<input type="checkbox"/>	Sample scaling
<input type="checkbox"/>	Linear scale	<input type="checkbox"/>	Cubic foot measure
<input type="checkbox"/>	Weight scale	<input type="checkbox"/>	Count
<input type="checkbox"/>	Stick cord scale		

Check **ONE**:

<input type="checkbox"/>	New Scaler License (Proof of training, experience and successful completion of the examination are required.)	Current License #:		
<input type="checkbox"/>	Renewal	Do you plan to attend the two-day UMaine course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	6-Month Apprentice License			

If you are applying for a six-month apprentice license, you must provide a copy of a training completion certificate and details (location, instructor, course content, etc.) for a program merit evaluation. If applying for a renewal, please provide an update of additional training.

<input type="checkbox"/>	2-Year Apprentice License
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Section 4: Verification & Conditions of Apprenticeship *This section is to be completed by applicant and the licensed wood scaler s/he will be apprenticing under.*

Name of licensed wood scaler: _____

License #: _____ Expiration date: _____

I hereby affirm that (applicant name) _____ will be apprenticing under my supervision until such time as s/he is granted a permanent wood scaler license.

Licensed Wood Scaler (Print)

Applicant (Signature)

Licensed Wood Scaler (Signature)

Date Signed

Apprentice Wood Scaler Conditions: If your apprentice wood scaler license application is approved, the following conditions will apply:

A licensed apprentice wood scaler may use only the authorized system or systems of measurement for which the licensed wood scaler who is his/her supervisor is licensed.

Additional conditions may be found in Wood Measurement Rules, Chapter 385, Section 4 .

Section 5: Wood Scaler Qualifications for FIRST-TIME APPLICANTS

Attach a separate sheet that documents your competency as a scaler in those systems of measurement for which you're seeking licensure. [E.g. Indicate your experience as a scaler (include the measurement system(s) used and the period of time you've scaled, described scaling education /training (include dates, locations, certifications, registrations, degrees or similar acknowledgements of scaling competency). List three reference names and contact information for those familiar with your competency as a scaler. Provide any other suitable documentation of competency.] Successful completion of the license examination is also required.

Section 6: Fees

Check licensing fee term:

<input type="checkbox"/>	\$25 for One-Year License
<input type="checkbox"/>	\$50 for Two-Year License
<input type="checkbox"/>	\$75 for Three-Year License
<input type="checkbox"/>	\$10 for One-Year License (immediately following prior 6-month Apprentice License)
<input type="checkbox"/>	\$15 for 6-Month Apprentice License
<input type="checkbox"/>	\$15 for Two-Year Apprentice License

License fees must accompany application. Checks must be made payable to: TREASURER, STATE OF MAINE

Total of ALL License Fees:

Print Name: _____

Signature: _____

Date: _____

NOTICE: Any false written statements made by the undersigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the undersigned to criminal liabilities under 17-A MRSA 453 1.B. (1).

OFFICE USE ONLY

Date Received:					Comments:		
Date Reviewed:							
Reviewed By:							
Application:	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Rejected		<input type="checkbox"/>	Returned
Date Returned:							
Current License #							
Expiration Date:							
Method of Payment:							
<input type="checkbox"/>	Check #						
<input type="checkbox"/>	Cash Receipt #						
<input type="checkbox"/>	Credit Card #						
Credit Type:	<input type="checkbox"/>	MC	<input type="checkbox"/>	VISA			
Expiration Date:							